

CONSOLIDATED RECEIPT

Third Party Vendor Transactions

Receipt No: _____

Date: _____

Payment Ref: _____

PLATFORM FACILITATOR

Platform Name

Operator

Tax ID/Reg No

Contact Info

CUSTOMER / BUYER

Name

Account No

Email / Phone

Address

VENDOR NAME & TAX ID	ITEM DESCRIPTION / SERVICE	QTY	UNIT PRICE	TOTAL PRICE
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Items Subtotal -----

Platform Fees -----

Taxes / VAT -----

Total Paid _____

PREPARED BY (AUTHORIZED REPRESENTATIVE)

CUSTOMER ACKNOWLEDGMENT